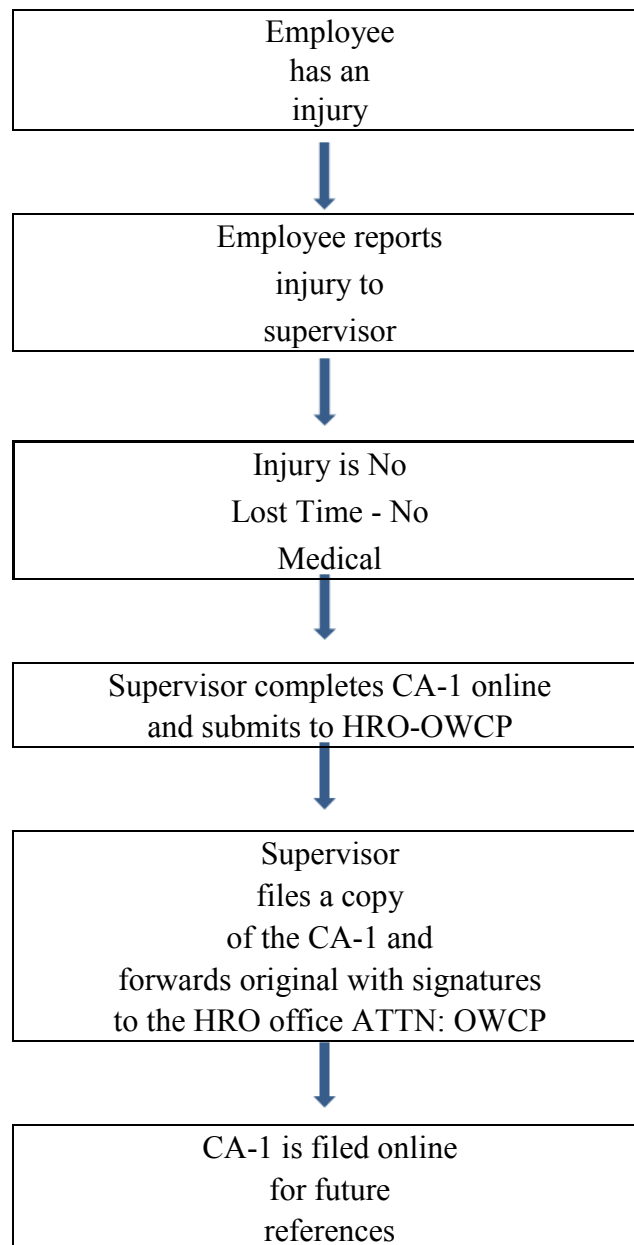
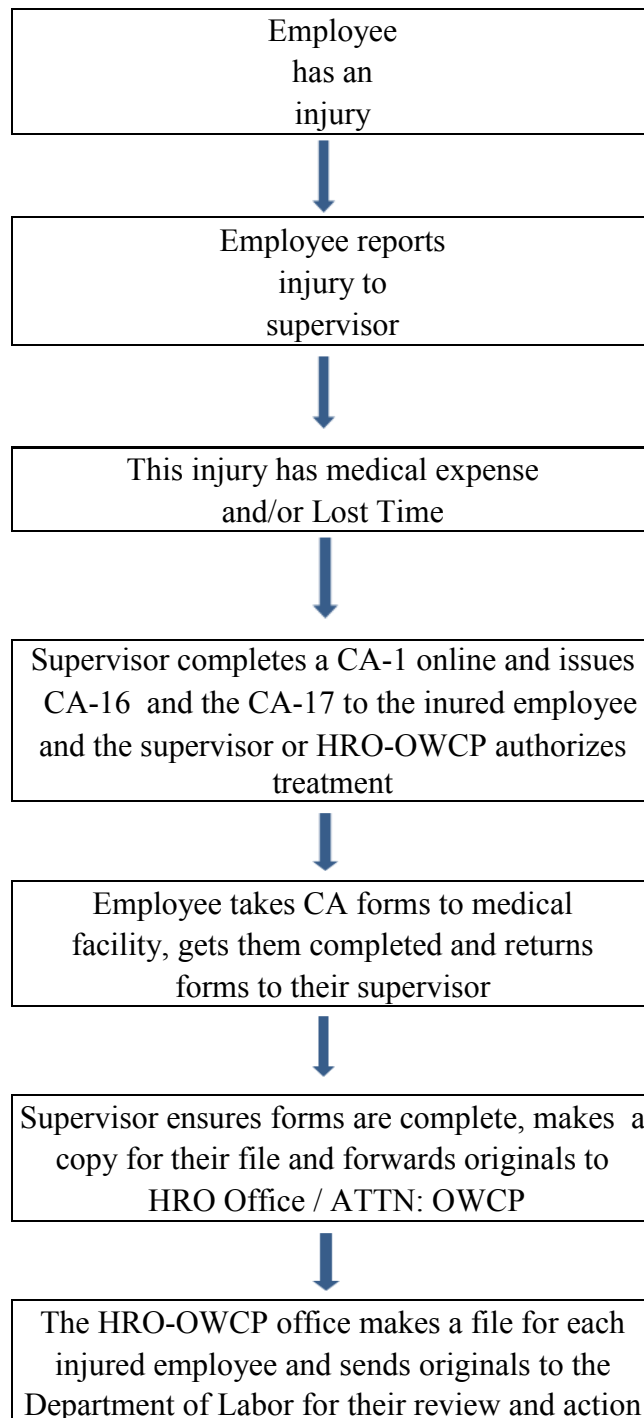


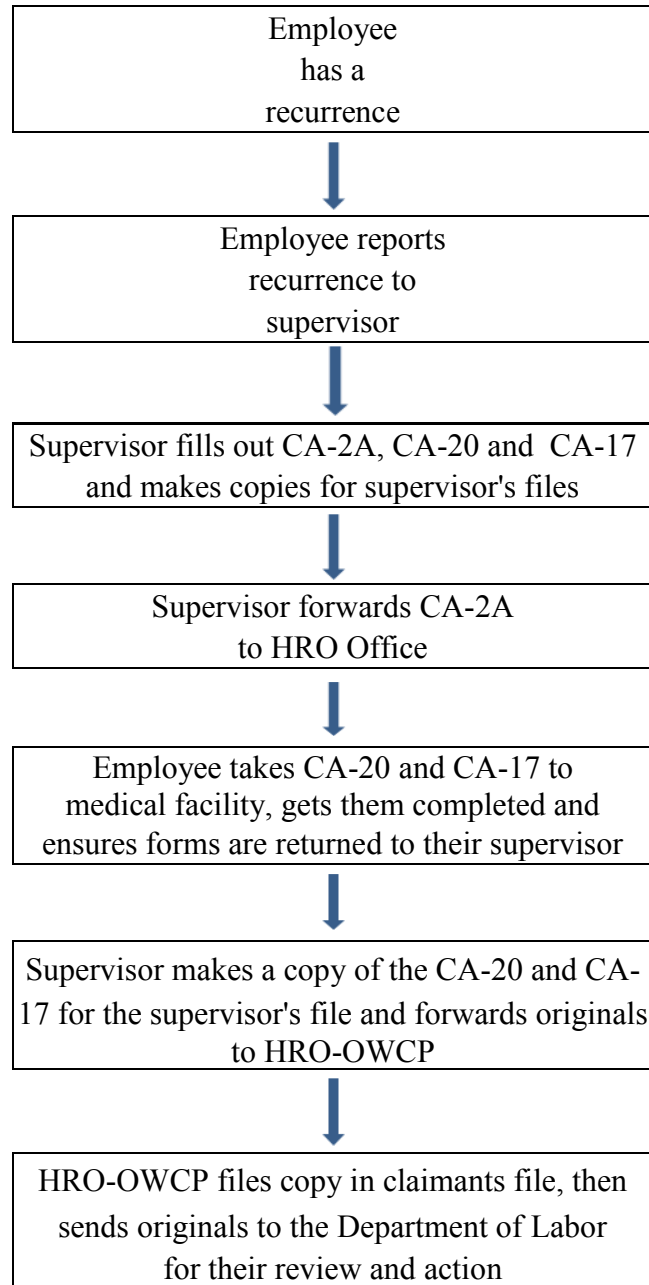
No Lost Time / No Medical Expense Injury



### Medical Expense and / or Lost Time Injury

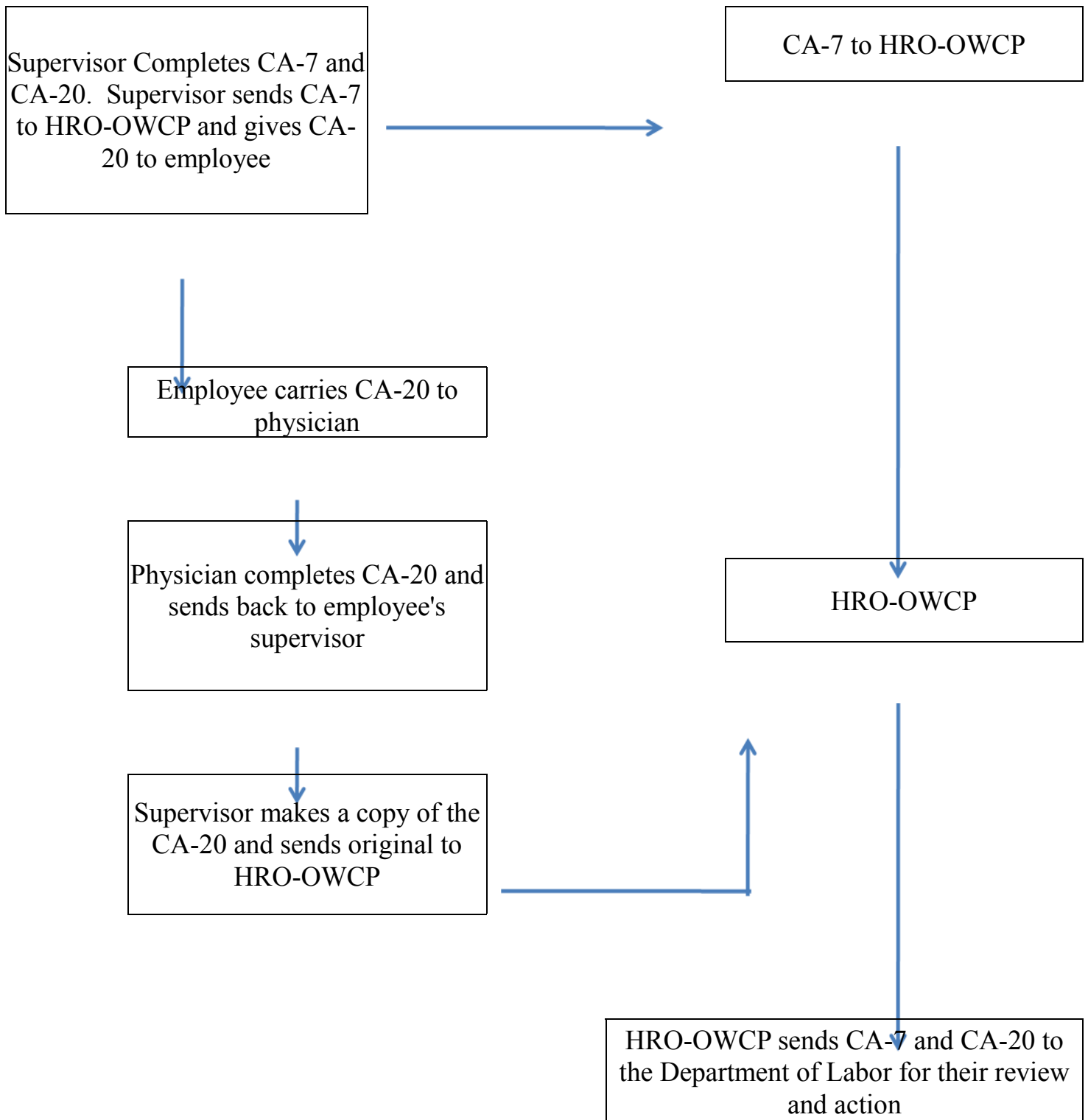


## Recurrence



# How To Claim Compensation

Appendix 15D



## BASIC FORMS FOR PROCESSING

Form Number	OWCP's Form Title / Description	PURPOSE	PREPARED BY	WHEN SUBMITTED	COMPLETED FORMS SENT TO
<a href="#"><u>CA-1</u></a>	Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation	Notifies supervisor of a traumatic injury and serves as the report to OWCP when (1) the employee has sustained a traumatic injury which is likely to result in a medical charge against for compensation fund; (2) the employee loses time from work on any day after the injury date, whether the time is charged to leave or to continuation of pay; (3) disability for work may subsequently occur; (4) permanent impairment appears likely; or (5) serious disfigurement of the face, head, or neck is likely to result	Employee or someone acting in supervisor's behalf; witness (if any); supervisor	By employee within 30 days (but will meet statutory time requirements if filed no later than three years after the injury); by supervisor within 10 calendar days following receipt of the form from the employee	Supervisor, by employee or someone acting on employee's behalf; then to appropriate OWCP office by supervisor
<a href="#"><u>CA-2</u></a>	Notice of Occupational Disease and Claim for Compensation	Notifies supervisor of an occupational disease and serves as the report to OWCP when (1) the disease is likely to result in a medical charge against the compensation fund; (2) the employee loses time from work because of the disease, whether the time is charged to leave or the employee claims injury compensation; (3) disability for work may subsequently occur; (4) permanent impairment appears likely; or (5) serious disfigurement of the face, head, or neck is likely to result	Employee or someone acting on employee's behalf; witness (if any); supervisor	By employee within 30 days (but will meet statutory time requirements if filed no later than three years after the injury); by supervisor within 10 calendar days following receipt of the form from the employee	Supervisor, by employee or someone acting on employee's behalf; then to appropriate OWCP office by supervisor
<a href="#"><u>CA-2a</u></a>	Notice of Recurrence	Notifies OWCP that an employee, after returning to work, is again disabled due to a prior injury or occupational disease. It also serves as a claim for continuation of pay or for compensation based on the recurrence of a previously reported disability	Employee	Immediately upon receiving notice that the employee has suffered a recurrence. An employee who stops work as result of recurring disability shall advise the supervisor whether he or she wishes to continue receiving regular pay (if eligible) or charge the absence to sick or annual leave	Supervisor, by employee or someone acting on employee's behalf, then to appropriate OWCP office. An employee no longer employed by the Federal government should complete Parts A and C and submit all materials directly to appropriate OWCP office

<a href="#"><u>CA-3</u></a>	Report of Termination of Disability and/or Payment	Notifies OWCP that disability from injury has terminated and/or that continuation of pay has terminated and/or that employee has returned to work	Supervisor	Immediately after disability or continuation of pay terminates, or the employee returns to work	Appropriate OWCP office
<a href="#"><u>CA-5</u></a>	Claim for Compensation by Widow, Widower, and/or Children	Claims compensation on behalf of these dependents when injury results in death	Person claiming compensation (for self or on behalf of children) and attending physician	Within 30 days, if possible, but no later than three years after death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing the death claim have been met	Supervisor, by claimant or someone acting on claimant's behalf; then to appropriate OWCP office
<a href="#"><u>CA-5b</u></a>	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren	Claims compensation for these dependents when injury results in death	Person claiming compensation (or guardian on behalf of children) and attending physician	Within 30 days, if possible, but no later than three years after death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing the death claim have been met	Supervisor, by claimant or someone acting on claimant's behalf; then to appropriate OWCP office
<a href="#"><u>CA-6</u></a>	Official Supervisor's Report of Employee's Death	Notice OWCP of the work-related death of an employee	Supervisor	Within 10 calendar days after knowledge by supervisor of an employee's work related death	Appropriate OWCP office
<a href="#"><u>CA-7</u></a>	Claim for Compensation <b>Form CA-7 replaces ALL prior versions of CA-7 &amp; CA-8 (see FECA Bulletin No. 99-18)</b>	Claims compensation if (1) medical evidence shows disability is expected (and is not covered by COP in traumatic cases); (2) the injury has resulted in permanent impairment involving the total or partial loss, or loss of use, of certain parts of the body or serious disfigurement of the face, head or neck; (3) loss of wage-earning capacity has resulted	Employee or someone acting on employee's behalf; supervisor and attending physician (on attached Form CA-20)	In traumatic injury cases, the form must be completed and filed with OWCP not more than five calendar days before the termination of the 45 days of COP, or within 10 calendar days following termination of pay. In occupational disease cases, the form should be submitted as soon as pay stops	Supervisor, by claimant or someone acting on claimant's behalf; then to appropriate OWCP office

<a href="#"><u>CA-7a</u></a>	Time Analysis Form, used for claiming compensation, including repurchase of paid leave	Provides a day by day breakdown of leave usage submitted with the CA-7 used mainly in Leave Buy Back (LBB), but can also be used for LWOP when there are intermittent periods of leave usage	Supervisor and Employee	The form should accompany the Form CA-7	OWCP
<a href="#"><u>CA-7b</u></a>	Leave Buy Back (LBB) Worksheet/Certification and Election	Provides as estimate of FECA compensation entitlement when a claim for LBB has been made	Employee and Compensation Specialist	The form should accompany the CA-7 and CA-7a	Appropriate OWCP district office
<a href="#"><u>CA-10</u></a>	What A Federal Employee Should Do When Injured At Work	Should be posted on Employee's Bulletin Board	OWCP		
<a href="#"><u>CA-16</u></a>	Rehabilitation Plan And Award	Authorized an injured employee to obtain examination and/or treatment for up to 60 days and provides OWCP within initial medical report. Treatment may be obtained from a local hospital or physician (who may be a surgeon, osteopath, podiatrist, dentist, clinical psychologist, optometrist, or, under certain circumstances, a chiropractor) or from U.S. medical facility, if available. May also be used for illness or disease if prior approval is obtained from OWCP. The employee may initially select the medical provider of his or her choice but must request any change from OWCP	Part A – Supervisor  Part B – Employee	Part A –By supervisor, in duplicate, within 48 hours following first examination and/or treatment  Part B –By attending physician or medical facility as promptly as possible after initial examination	Part A –Physician or medical facility  Part B –Appropriate OWCP office
<a href="#"><u>CA-17</u></a>	Duty Status Report	In traumatic injury cases, provides supervisor and OWCP with interim medical report containing information as to employee's ability to return to any type of work	Supervisor and attending physician	Promptly upon completion of examination or most recent treatment	Original to employing agency, which should send copy to appropriate OWCP office
<a href="#"><u>CA-20</u></a>	Attending Physician's Report	Provides medical support for claim and is attached to Form CA-7; provides OWCP with medical information	Attending physician	Promptly upon completion of examination or most recent treatment	Appropriate OWCP office
<a href="#"><u>CA-35</u></a>	Evidence Required in Support of a Claim for Occupational Disease	Occupational Disease Checklists A-H			

<a href="#"><u>OWCP-915</u></a>	Claim For Medical Reimbursement <b>Form OWCP-915 replaces CA-915</b>	This form is to be used to seek reimbursement for out of pocket medical expenses pertaining to the treatment of an accepted condition. OWCP-915 can be used to seek reimbursement for expenses in regard to medical treatment, prescription medication, and medical supplies	Employee	Promptly upon completion of treatment	By claimant or someone acting on claimant's behalf; then to appropriate OWCP office
<a href="#"><u>OWCP-957</u></a>	Medical Travel Refund Request	This form is to be used to seek reimbursement for medical travel to and from the treatment office. Reimbursement for meals will be made only when authorized travel exceeds 24 hours or under special circumstances	Employee	Promptly upon completion of treatment	By claimant or someone acting on claimant's behalf; then to appropriate OWCP office
<a href="#"><u>OWCP/HCFA-1500*</u></a>	Health Insurance Claim Form	Provides OWCP with standard billing form to facilitate payment of medical bills. The form should accompany the CA-16 when employee is referred to a physician	Attending physician; employee must sign in item 12	Promptly upon completion of examination or treatment; physician may submit in usual billing cycle	Appropriate OWCP office



**EXAMPLE OF**  
**RELEASE OF MEDICAL INFORMATION**

I, EMPLOYEE'S NAME, hereby give permission for my doctor's office, medical providers, and all medical facilities to release information to the following individuals or facilities regarding my medical condition. I also authorize the Human Resources Office, of the Alabama National Guard to release information to the following individuals or facilities regarding my medical condition.

Supervisory Officials  
Medical Facilities  
State of Alabama Federal Employees Compensation Act Council

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
EMPLOYEE'S SIGNATURE

Return this form to:

Department of the AR/AF, TAG-AL  
Attn: HRO-OWCP  
P.O. Box 3711  
Montgomery, AL 36109-0711

**EXAMPLE OF**  
**CERTIFICATE OF EMPLOYMENT**

I hereby certify that the injured person **EMPLOYEE NAME & JOB TITLE**, was a civilian employee paid from federal funds on the date and at the time of the injury, he/she was performing duty as a civilian distinguished from the military as a member of the Alabama **ARMY OR AIR** National Guard.

**SUPERVISOR'S SIGNATURE &**  
**SIGNATURE BLOCK**

Return this form to:

Department of the AR/AF, TAG-AL  
Attn: HRO-OWCP  
P.O. Box 3711  
Montgomery, AL 36109-0711

## SUPERVISOR'S CHECKLIST

Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

<input type="checkbox"/> <b>Injured employee reports injury to supervisor immediately</b>
<input type="checkbox"/> Assist injured employee in getting medical attention. Recommend injured employee seek medical attention on the date of the injury.
<input type="checkbox"/> <b>Documents to accompany the Injured Employee for Treatment:</b> <ul style="list-style-type: none"> <li>• CA-16, Authorization for Treatment (Complete by Supervisor)</li> <li>• CA-17, Duty Status Report, (Supervisor completes Section A)</li> <li>• Light Duty Letter</li> <li>• ACS Provider Card - Medical Provider Bill Payment Information</li> <li>• HCFA-1500, Health Insurance Claim Form for OWCP</li> </ul>
<input type="checkbox"/> <b>Investigate injury and controvert/challenge claim when appropriate.</b>
<input type="checkbox"/> <b>Injury Report – Must Submit CA-1 or CA-2 to receive OWCP Claim Number</b> <ul style="list-style-type: none"> <li>• Electronically submit CA-1, Traumatic Injury (MUST be received by OWCP within 14 days of the injury) or</li> <li>• CA-2 Occupational Disease</li> </ul> <input type="checkbox"/> <b>CA-35 Checklist (CA-2 ONLY)</b> <ul style="list-style-type: none"> <li>• Claim form must be submitted within 30 days in order to be considered by OWCP and to be eligible for Continuation of Pay (COP).</li> <li>• Website: <a href="http://www.cpms.ods.mil/icuc/">http://www.cpms.ods.mil/icuc/</a></li> <li>• Click: Filing Claims Electronically-Supervisors Link on left side of page</li> <li>• For Recurrence Claims (spontaneous return to disability) submit CA-2 MANUALLY to Injured Compensation Program Administrator (ICPA)</li> </ul>
<input type="checkbox"/> <b>CA-16 can ONLY be issued if:</b> <ul style="list-style-type: none"> <li>• Injury was a Traumatic Injury (CA-1)</li> <li>• Happened within 1 week of injury, and, <b>ONLY</b> if medical treatment is needed.</li> <li>• Only issue <b>One CA-16</b> per injury.</li> <li>• <b>DO NOT ISSUE A BLANK CA-16</b></li> </ul>
<input type="checkbox"/> <b>CA-17</b> (Complete Part A and indicate availability of light duty in OTHER sections, and inform employee of light duty availability).
<input type="checkbox"/> <b>Mail originals to:</b> <b>DEPT of Army/Air Force, AL-TAG</b> <b>Attn: HRO/OWCP</b> <b>P.O. Box 3711</b> <b>Montgomery, AL 36109</b>
<input type="checkbox"/> <b>Notify Safety</b> <ul style="list-style-type: none"> <li>• Submit local Safety Forms to your Safety Office</li> <li>• <b>DO NOT PROVIDE SAFETY WITH CLAIM FORMS OR MEDICAL DOCUMENTS</b></li> </ul>

<input type="checkbox"/>	Keep ICPA informed of injured employees' progress and provide copy of CA-17 and all medical documentations.
<input type="checkbox"/>	<b>Medical Documentation – MUST be signed by a medical doctor</b> <ul style="list-style-type: none"> <li>• CA-20, Attending Physician's Report (each time medical treatment is received)</li> <li>• CA-17, Duty Status Report (good practice for completion after each change in treatment)</li> <li>• INJURED EMPLOYEE MUST NOTIFY PHYSICIAN THAT AGENCY OFFERS LIGHT DUTY</li> </ul>
<input type="checkbox"/>	Contact injured employee on a weekly basis to ask about his/her prognosis and treatment plan. Employee should follow established leave procedures if absent and inform supervisor of the type of leave that should be used (Continuation of Pay (COP), Sick, Annual, or LWOP) to cover absence.
<input type="checkbox"/>	If COP is elected, inform injured worker that all COP usage MUST be supported by medical evidence and MUST be submitted within <b>10 calendar days</b> . Inform ICPA if medical evidence is not received within 10 days to commence termination of COP process.
<input type="checkbox"/>	<b>Continuation in Pay (COP) – MUST be supported by medical documentation</b> <ul style="list-style-type: none"> <li>• 45 Calendar Days entitlement following date of Traumatic Injury</li> <li>• Time Card Code for COP – "LU" is for date of injury &amp; "LT" is 45 days lost time after injury</li> <li>• Four digit code for time card is month and day of injury</li> <li>• If claim is denied, change COP to Sick Leave (LS) or Annual Leave (AL) or LWOP</li> <li>• Injury must be reported within 48 hours in order to be entitled to COP</li> </ul>
<input type="checkbox"/>	<b>Medical Authorization – MUST be supported by medical documentation</b> <ul style="list-style-type: none"> <li>• Physician requests authorization: Phone (850-558-1818) or fax (800-215-4901) or Website: <a href="http://owcp.dol.acs-inc.com">http://owcp.dol.acs-inc.com</a></li> <li>• Medical Provider must have ACS Provider Number to receive authorization</li> <li>• Physician must state ICD-9 Code (Diagnosis Code), CPT (Procedure Code), and OWCP Claim Number. Requested treatment/procedure codes must match accepted condition.</li> </ul>
<input type="checkbox"/>	<b>Compensation after 45 days – MUST be supported by medical documentation</b> <ul style="list-style-type: none"> <li>• Must be in a LWOP (Leave without Pay) Status</li> <li>• Complete a CA-7, Claim for Compensation and submit to ICPA</li> <li>• Submit an SF-1199A, Direct Deposit along with first CA-7 submitted</li> <li>• After 80 hours of LWOP, submit an SF-52 to HRO requesting LWOP status</li> <li>• Pay rate is 75% of salary with dependents and 66 2/3% of salary without dependents (tax free)</li> </ul>
<input type="checkbox"/>	<b>Medical Bills</b> <ul style="list-style-type: none"> <li>• Claimants can check status of bills on the Website: <a href="http://owcp.dol.acs-inc.com">http://owcp.dol.acs-inc.com</a></li> <li>• Medical Provider must have ACS Provider Number to receive payment</li> </ul>

<ul style="list-style-type: none"> <li>• Bills submitted manually must be submitted on HCFA/OWCP-1500 (physician) or UB-92 (hospital) form</li> <li>• Mailing Address for Bills: Department of Labor-Central Mailroom, P.O. Box 8300, London, KY 40742-8300</li> <li>• ACS Customer service (850-558-1818)</li> </ul>
<input type="checkbox"/> <b>Reimbursement</b> <ul style="list-style-type: none"> <li>• OWCP-915, Medical expense reimbursement, submit with required documentation</li> <li>• OWCP-957, Travel reimbursement, submit with medical documentation</li> <li>• Send complete forms, along with medical documentation to: Department of Labor-Central Mailroom, P.O. Box 8300, London, KY 40782-8300</li> </ul>
<input type="checkbox"/> <b>Agency Point of Contact</b> <ul style="list-style-type: none"> <li>• Injury Compensation Program Administrator (ICPA) in your Human Resources Office</li> <li>• Dianne Sailors (334-271-7262) DSN (363-7262) FAX (334-271-7457) <a href="mailto:dianne.sailors@us.army.mil">dianne.sailors@us.army.mil</a></li> <li>• Karen Colley (334-213-7715) DSN (363-7715) <a href="mailto:karen.lee.colley@us.army.mil">karen.lee.colley@us.army.mil</a></li> </ul>
<p><b>WEB SITE:</b></p> <p><b>Worker's Compensation Claim Forms and Information:</b></p> <p><a href="http://www.dol.gov/esa/regs/compliance/owcp/forms.htm">http://www.dol.gov/esa/regs/compliance/owcp/forms.htm</a></p> <p><b>CA-810 Injury Compensation for Federal Employees:</b></p> <p><a href="http://www.dol.gov/esa/owcp/dfec/regs/compliance/DFECfolio/agencyhb/pdf">http://www.dol.gov/esa/owcp/dfec/regs/compliance/DFECfolio/agencyhb/pdf</a></p> <p><b>CA-550 Questions and Answers:</b></p> <p><a href="http://www.dol.gov/esa/owcp/dfec/regs/compliance/DEFECfolio/q-and-q/pdf">http://www.dol.gov/esa/owcp/dfec/regs/compliance/DEFECfolio/q-and-q/pdf</a></p> <p><b>KEY TERMS:</b></p> <p><b>CA-1</b> - Traumatic Injury – is a wound or other condition of the body caused by external force, including stress or strain, sustained during the course of one work day. Claim must be filled within 30 days of injury to use COP.</p> <p><b>CA-2</b> - Occupational Disease – is defined as a condition produced in the work environment over a period longer than one workday or shift.</p> <p><b>CA-7</b> - Claim for Compensation of Account of Traumatic Injury or Occupational Disease.</p> <p><b>CA-7A</b> - Time Analysis Form.</p>

**CA-7B** - Leave Buy-Back (LBB) Worksheet / Certification and Election.

**CA-16** - Authorizations for Examination and/or Treatment.

**CA-17** - Duty Status Report.

**CA-20** - Attending Physician's Report

**CA-35** - Evidence Required in Support of a Claim for Occupational Disease.

**COP** - Continuation of Pay (only for Traumatic Injuries, if CA-1 filed within 30 days of injury).

**ICPA** - Injury Compensation Program Administrator.

**LWOP** - Leave Without Pay.

## EMPLOYEE RESPONSIBILITIES WORKERS' COMPENSATION CHECKLIST

Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

<input type="checkbox"/> <b>Your Responsibilities:</b> <ul style="list-style-type: none"> <li>Promptly notify your supervisor or management about a work-related injury or illness.</li> <li>Tell your supervisor everything about the injury or illness – what, where, when and how it happened.</li> <li>Seek medical attention as necessary.</li> <li>Choose treating physician.</li> <li>Obtain CA-16 (Only for Traumatic Injury <b>and</b> if CA-1 is filled within one week of injury) and CA-17.</li> <li>Supervisor is responsible for submission of the CA-1 or CA-2 claim forms.</li> </ul>
<input type="checkbox"/> <b>Types of Claims:</b> <ul style="list-style-type: none"> <li><b>CA-1</b> - Traumatic Injury (MUST be received by OWCP within 14 days of the date of injury).</li> <li><b>CA-2</b> - Occupational Disease (MUST be submitted no later than 3 years after you become aware that you suffered a work-related illness. Occupational Disease claims are not eligible for continuation of pay (COP).</li> </ul>
<input type="checkbox"/> Read the CA-11, When Injured at Work Information Guide for Federal Employees, which can be found at the following website: <a href="http://www.dol.gov/esa/regs/compliance/owcp/ca-11.htm">http://www.dol.gov/esa/regs/compliance/owcp/ca-11.htm</a>
<input type="checkbox"/> If injury causes you to miss work, obtain and provide medical documentation to supervisor to justify all absences due to work-related injury/illness, and let your supervisor know when you expect to return to work.
<input type="checkbox"/> If you expect to remain out of work for more than 45 calendar days, inform your supervisor and complete the employee section of the CA-7, and SF-1199A. <ul style="list-style-type: none"> <li>Have your doctor complete the CA-20, Attending Medical Report and return to your supervisor.</li> <li>CA-20, Physician's Report, You complete the first three sections (name, date of injury, and OWCP file number) and have the physician complete the remaining section.</li> <li>Your doctor can complete CA-20, which can be obtained at the following website: <a href="http://www.dol.gov/esa/regs/compliance/owcp/forms.htm">http://www.dol.gov/esa/regs/compliance/owcp/forms.htm</a></li> </ul>
<input type="checkbox"/> Bring back to your supervisor an updated CA-17 (Duty Status Report) after <b>EVERY</b> medical appointment until returned to full duty.
<input type="checkbox"/> Inform supervisor of the type of leave requested (e.g., Sick, Annual, LWOP or COP). You <b>MUST</b> follow the same established leave procedures as if you were not at work for other reasons.
<input type="checkbox"/> If COP is requested, you <b>MUST</b> provide <b>Medical Evidence</b> supporting your need within <b>10 calendar days</b> of that request.
<input type="checkbox"/> All COP used <b>MUST</b> subsequently be verified and supported by medical documentation.
<input type="checkbox"/> Return to work as soon as medically possible. Light duty should always be available to accommodate medical restrictions. <ul style="list-style-type: none"> <li>Have your doctor provide CA-20 Attending Medical Report periodically to</li> </ul>

<p>your supervisor.</p> <ul style="list-style-type: none"> <li>• If restricted or temporary work is available which is within your ability while you are recovering, you <b>MUST</b> accept the work and return to duty.</li> <li>• The restricted or temporary work will be clearly defined so that you can take a written description to your doctor for his/her approval.</li> </ul>
<p><input type="checkbox"/> <b>Agency Point of Contact:</b></p> <ul style="list-style-type: none"> <li>• Injury Compensation Program Administrator (ICPA) in your Human Resources Office</li> <li>• Dianne Sailors (334-271-7262) DSN (363-7262) FAX (334-271-7457) <a href="mailto:dianne.sailors@us.army.mil">dianne.sailors@us.army.mil</a></li> <li>• Karen Colley (334-213-7715) DSN (363-7715) <a href="mailto:karen.lee.colley@us.army.mil">karen.lee.colley@us.army.mil</a></li> </ul>
<p><b>WEB SITE:</b></p> <p><b>Worker's Compensation Claim Forms and Information:</b></p> <p><a href="http://www.dol.gov/esa/regs/compliance/owcp/forms.htm">http://www.dol.gov/esa/regs/compliance/owcp/forms.htm</a></p>
<p><b>KEY TERMS:</b></p> <p><b>CA-1</b> - Traumatic Injury – is a wound or other condition of the body caused by external force, including stress or strain, sustained during the course during the course of one work day. Claim must be filled within 30 days of injury to use COP.</p> <p><b>CA-2</b> - Occupational Disease – is defined as a condition produced in the work environment over a period longer than one workday or shift.</p> <p><b>CA-7</b> - Claim for Compensation of Account of Traumatic Injury or Occupational Disease.</p> <p><b>CA-7A</b> - Time Analysis Form.</p> <p><b>CA-7B</b> - Leave Buy-Back (LBB) Worksheet / Certification and Election.</p> <p><b>CA-16</b> - Authorizations for Examination and/or Treatment.</p> <p><b>CA-17</b> - Duty Status Report.</p> <p><b>CA-20</b> - Attending Physician's Report</p> <p><b>CA-35</b> - Evidence Required in Support of a Claim for Occupational Disease.</p> <p><b>COP</b> - Continuation of Pay (only for Traumatic Injuries, if CA-1 filed within 30 days of injury).</p>



**ICPA** - Injury Compensation Program Administrator.

**LWOP** - Leave Without Pay.

**STATE MILITARY DEPARTMENT  
JOINT FORCE HEADQUARTERS ALABAMA NATIONAL GUARD  
1720 CONGRESSMAN WILLIAM L. DICKINSON DRIVE  
P. O. BOX 3711  
MONTGOMERY, ALABAMA 36109-0711**

J1AL-HRO-OWCP

Date: \_\_\_\_\_

Subject: Light Duty Letter

Dear Sir or Madam:

1. The Alabama National Guard request that you complete the attached Duty Status Report (Form CA-17). The information you provide is vital to this agency to determine any physical limitations resulting from the injury for which you are treating our employee. The work related form, along with any comments or concerns, should be completed, as soon as possible, and returned to:

DEPT of AF/AR, TAG-AL  
HRO-OWCP  
PO BOX 3711  
Montgomery, AL 36109-0711

2. The Alabama National Guard is committed to accommodating our injured employees with suitable light duty work that is in strict compliance with their work restrictions. Light duty can be as sedentary as answering the telephone, filing, office work, computer input, etc. despite the physical requirements of the employee's regular position. Often the employee's regular position can be modified to comply with your work restrictions and for fewer hours than their normal work shift.

3. Statistics have shown that when an employer provides suitable light duty work, the employee recovers more quickly and consequently returns to full duty status sooner.

4. Thank you in advance for taking time from your busy schedule to assist your patient and us.

5. If you have any questions or concerns, please feel free to contact the undersigned at (334) 371-7262 or [dianne.sailors@us.army.mil](mailto:dianne.sailors@us.army.mil).

Sincerely,

//////signed\\\\\\\\

Dianne Sailors  
Human Resources Specialist  
Office of Workers Compensation

<p style="text-align: center;"><b>ACS</b> (Department of Labor, Federal Workers Compensation Medical Bill Payment Information)</p> <p style="text-align: center;"><b>FEDERAL EMPLOYEES ARE COVERED BY THE U.S. DEPT OF LABOR, FEDERAL EMPLOYEES COMPENSATION ACT (FECA) FOR WORK-RELATED INJURIES.</b></p> <p><b>Provider Enrollment Address:</b> Affiliated Computer Services (ACS) – Enrollment Unit Department of Labor (DOL), P.O. Box 14600 Tallahassee, FL 32317- 4600 Fax: (850) 201-1718</p> <p><b>Alabama National Guard Compensation Contact (ICPA):</b> Name <u>Dianne Sailors</u> Phone <u>(334) 271-7262</u></p> <p style="text-align: center;"><b>This card is provided for informational purposes only and is not a guarantee of payment (1 of 2)</b></p>
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<p style="text-align: center;"><b>ACS</b> (Affiliated Computer Services)</p> <p><b>Submit Medical Bills &amp; Medical Documentation/Correspondence To:</b> U.S. Dept of Labor OWCP – Central Mailroom, P.O. Box 8300, London KY 40742-8300 Phone: (850) 558-1818 or (866) 335-8319 Toll Free IVR ACS Authorization Fax # (800) 215-4901 ACS Website: <a href="http://owcp.dol.acs-inc.com">http://owcp.dol.acs-inc.com</a></p> <p><b>Prescription Benefit Inquiries: (866) 664-5581</b> <b>ACS Help Desk For Providers: (800) 461-7485</b></p> <p><b>Provider Checklist:</b>  <input type="checkbox"/> Provider enrolled with ACS/ACS provider number on bill  <input type="checkbox"/> FECA Case # on medical bill &amp; documentation  <input type="checkbox"/> Medical documentation submitted to the Department of Labor (DOL)  <input type="checkbox"/> Prior authorization requested  <input type="checkbox"/> Diagnosis code obtained from injured employee/copy of DOL letter </p> <p style="text-align: center;"><b>This card is provided for informational purposes only and is not a guarantee of payment (2 of 2)</b></p>
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OWCP has contracted with Affiliated Computer Services (ACS) to provide medical bill processing and medical authorizations for the Federal Employees' Compensation Act (FECA) program. If you are not currently registered as a provider with ACS, I have enclosed the necessary information for you. You may view the ACS website for more information at <http://owcp.dol.acs-inc.com/portal/main.do>. From the main page of the ACS website you can click on "Forms and Links" and then "Federal Employee's Compensation Act" to obtain downloadable information on various aspects of the medical authorization and bill payment process.

All bills should be submitted on form HCFA-1500/OWCP-1500 and sent to the central processing location in London, KY to the following address:

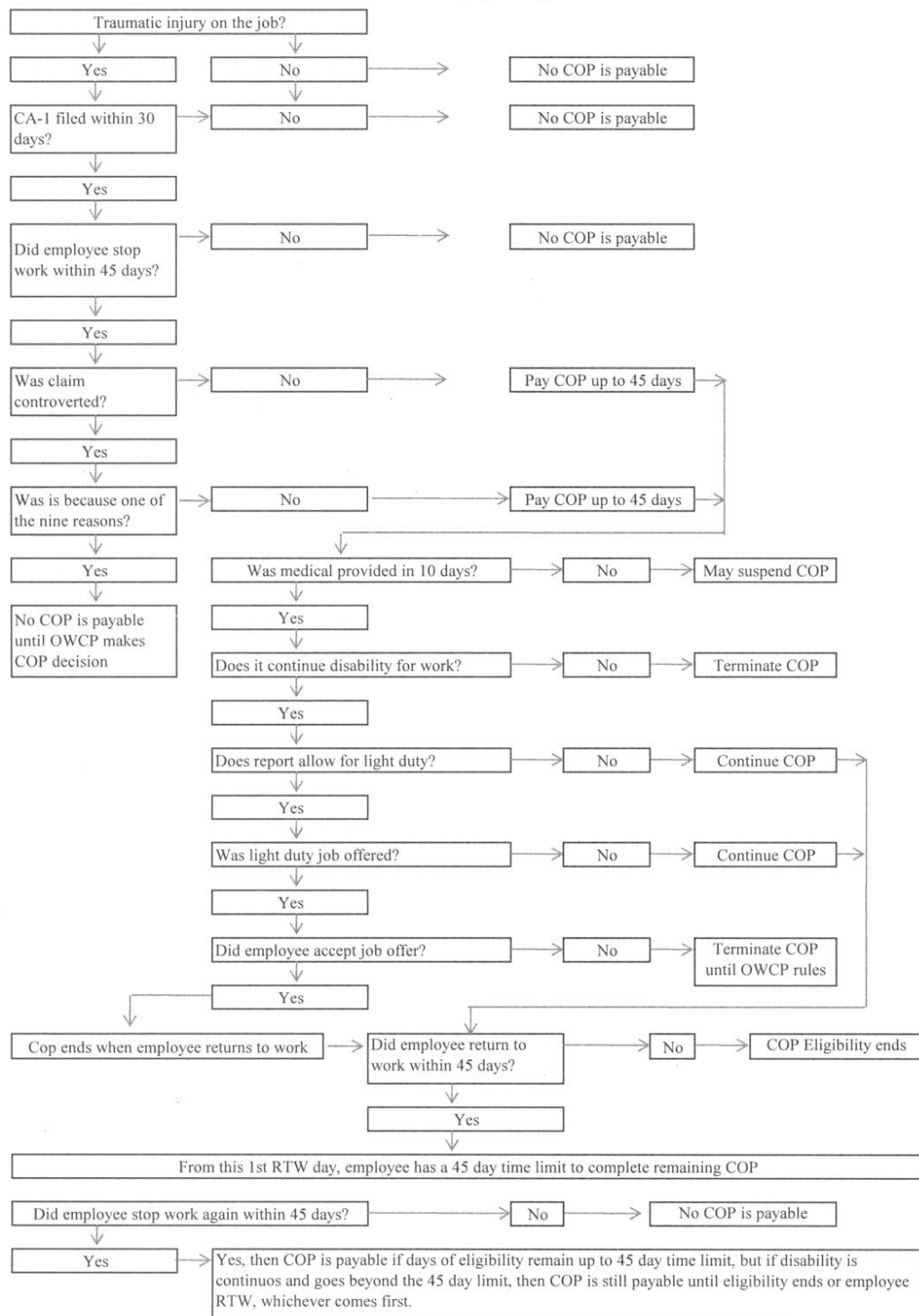
US Department of Labor  
OWCP  
PO Box 8300  
DFEC Central Mailroom  
London, KY 40742-8300

Be sure to include the employee's name and OWCP claim number on all documentation you send to DOL. This includes any bills or supporting medical documentation. If you send a multiple page document, be sure the claim number is on each page. All information received in the London, KY office of the DOL is scanned into an electronic database and added to an electronic case file. Including the claim number on each page will help to ensure that the documentation is placed in the appropriate electronic file.

You also have the option to enroll in the Department of Labor's Electronic Data Interchange (EDI) system to submit your bills on-line. Information on enrolling through EDI is included as well. Any billing or medical authorization inquiries should be directed to ACS at 850-558-1818.

If you have any questions or need any additional information, please contact me at (334) 271-7262 or [dianne.sailors@us.army.mil](mailto:dianne.sailors@us.army.mil).

## Continuation of Pay (COP) Flow Chart



## Injury Compensation Worksheet

I. General Information *Entitlement Period Ends:* \_\_\_\_\_

Name: \_\_\_\_\_ DOI: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Injury Type: \_\_\_\_\_

Work Week: S M T W T F S Duty Hours: \_\_\_\_\_ Pay: \$ \_\_\_\_\_ per hour/Annum (GS/WG)

Claim Accepted? Yes No COP Authorized: Yes No OWCP File: \_\_\_\_\_

SSAN: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

2. COP Log (RTW = *Return to Work*) (LU = Date of Traumatic Injury) (LT = COP)

(COP) Days	Calendar Date	(COP) Hours	Remarks	(COP) Days	Calendar Date	(COP) Hours	Remarks
1				24			
2				25			
3				26			
4				27			
5				28			
6				29			
7				30			
8				31			
9				32			
10				33			
11				34			
12				35			
13				36			
14				37			
15				38			
16				39			
17				40			
18				41			
19				42			
20				43			
21				44			
22				45			
23				Total	Hours:		
1. Compensation SL and/or AL log (Start on 46th day; Also for Occupational Disease.)							
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				Total	Hours:		

COP CALCULATOR Way to use: Go to day after injury to determine last day of eligibility. If a leap year add one day to last eligible day.

JAN COP			FEB COP			MAR COP			APR COP			MAY COP			JUN COP		
01-01	02-14	02-01	03-17	03-01	04-14	04-01	05-15	05-01	06-14	06-01	07-15						
01-02	02-15	02-02	03-18	03-02	04-15	04-02	05-16	05-02	06-15	06-02	07-16						
01-03	02-16	02-03	03-19	03-03	04-16	04-03	05-17	05-03	06-16	06-03	07-17						
01-04	02-17	02-04	03-20	03-04	04-17	04-04	05-18	05-04	06-17	06-04	07-18						
01-05	02-18	02-05	03-21	03-05	04-18	04-05	05-19	05-05	06-18	06-05	07-19						
01-06	02-19	02-06	03-22	03-06	04-19	04-06	05-20	05-06	06-19	06-06	07-20						
01-07	02-20	02-07	03-23	03-07	04-20	04-07	05-21	05-07	06-20	06-07	07-21						
01-08	02-21	02-08	03-24	03-08	04-21	04-08	05-22	05-08	06-21	06-08	07-22						
01-09	02-22	02-09	03-25	03-09	04-22	04-09	05-23	05-09	06-22	06-09	07-23						
01-10	02-23	02-10	03-26	03-10	04-23	04-10	05-24	05-10	06-23	06-10	07-24						
01-11	02-24	02-11	03-27	03-11	04-24	04-11	05-25	05-11	06-24	06-11	07-25						
01-12	02-25	02-12	03-28	03-12	04-25	04-12	05-26	05-12	06-25	06-12	07-26						
01-13	02-26	02-13	03-29	03-13	04-26	04-13	05-27	05-13	06-26	06-13	07-27						
01-14	02-27	02-14	03-30	03-14	04-27	04-14	05-28	05-14	06-27	06-14	07-28						
01-15	02-28	02-15	03-31	03-15	04-28	04-15	05-29	05-15	06-28	06-15	07-29						
01-16	03-01	02-16	04-01	03-16	04-29	04-16	05-30	05-16	06-29	06-16	07-30						
01-17	03-02	02-17	04-02	03-17	04-30	04-17	05-31	05-17	06-30	06-17	07-31						
01-18	03-03	02-18	04-03	03-18	05-01	04-18	06-01	05-18	07-01	06-18	08-01						
01-19	03-04	02-19	04-04	03-19	05-02	04-19	06-02	05-19	07-02	06-19	08-02						
01-20	03-05	02-20	04-05	03-20	05-03	04-20	06-03	05-20	07-03	06-20	08-03						
01-21	03-06	02-21	04-06	03-21	05-04	04-21	06-04	05-21	07-04	06-21	08-04						
01-22	03-07	02-22	04-07	03-22	05-05	04-22	06-05	05-22	07-05	06-22	08-05						
01-23	03-08	02-23	04-08	03-23	05-06	04-23	06-06	05-23	07-06	06-23	08-06						
01-24	03-09	02-24	04-09	03-24	05-07	04-24	06-07	05-24	07-07	06-24	08-07						
01-25	03-10	02-25	04-10	03-25	05-08	04-25	06-08	05-25	07-08	06-25	08-08						
01-26	03-11	02-26	04-11	03-26	05-09	04-26	06-09	05-26	07-09	06-26	08-09						
01-27	03-12	02-27	04-12	03-27	05-10	04-27	06-10	05-27	07-10	06-27	08-10						
01-28	03-13	02-28	04-13	03-28	05-11	04-28	06-11	05-28	07-11	06-28	08-11						
01-29	03-14			03-29	05-12	04-29	06-12	05-29	07-12	06-29	08-12						
01-30	03-15			03-30	05-13	04-30	06-13	05-30	07-13	06-30	08-13						
01-31	03-16			03-31	05-14			05-31	07-14								
JUL COP			AUG COP			SEP COP			OCT COP			NOV COP			DEC COP		
07-01	08-14	08-01	09-14	09-01	10-15	10-01	11-14	11-01	12-15	12-01	01-14						
07-02	08-15	08-02	09-15	09-02	10-16	10-02	11-15	11-02	12-16	12-02	01-15						
07-03	08-16	08-03	09-16	09-03	10-17	10-03	11-16	11-03	12-17	12-03	01-16						
07-04	08-17	08-04	09-17	09-04	10-18	10-04	11-17	11-04	12-18	12-04	01-17						
07-05	08-18	08-05	09-18	09-05	10-19	10-05	11-18	11-05	12-19	12-05	01-18						
07-06	08-19	08-06	09-19	09-06	10-20	10-06	11-19	11-06	12-20	12-06	01-19						
07-07	08-20	08-07	09-20	09-07	10-21	10-07	11-20	11-07	12-21	12-07	01-20						
07-08	08-21	08-08	09-21	09-08	10-22	10-08	11-21	11-08	12-22	12-08	01-21						
07-09	08-22	08-09	09-22	09-09	10-23	10-09	11-22	11-09	12-23	12-09	01-22						
07-10	08-23	08-10	09-23	09-10	10-24	10-10	11-23	11-10	12-24	12-10	01-23						
07-11	08-24	08-11	09-24	09-11	10-25	10-11	11-24	11-11	12-25	12-11	01-24						
07-12	08-25	08-12	09-25	09-12	10-26	10-12	11-25	11-12	12-26	12-12	01-25						
07-13	08-26	08-13	09-26	09-13	10-27	10-13	11-26	11-13	12-27	12-13	01-26						
07-14	08-27	08-14	09-27	09-14	10-28	10-14	11-27	11-14	12-28	12-14	01-27						
07-15	08-28	08-15	09-28	09-15	10-29	10-15	11-28	11-15	12-29	12-15	01-28						
07-16	08-29	08-16	09-29	09-16	10-30	10-16	11-29	11-16	12-30	12-16	01-29						
07-17	08-30	08-17	09-30	09-17	10-31	10-17	11-30	11-17	12-31	12-17	01-30						
07-18	08-31	08-18	10-01	09-18	11-01	10-18	12-01	11-18	01-01	12-18	01-31						
07-19	09-01	08-19	10-02	09-19	11-02	10-19	12-02	11-19	01-02	12-19	02-01						
07-20	09-02	08-20	10-03	09-20	11-03	10-20	12-03	11-20	01-03	12-20	02-02						
07-21	09-03	08-21	10-04	09-21	11-04	10-21	12-04	11-21	01-04	12-21	02-03						
07-22	09-04	08-22	10-05	09-22	11-05	10-22	12-05	11-22	01-05	12-22	02-04						
07-23	09-05	08-23	10-06	09-23	11-06	10-23	12-06	11-23	01-06	12-23	02-05						
07-24	09-06	08-24	10-07	09-24	11-07	10-24	12-07	11-24	01-07	12-24	02-06						
07-25	09-07	08-25	10-08	09-25	11-08	10-25	12-08	11-25	01-08	12-25	02-07						
07-26	09-08	08-26	10-09	09-26	11-09	10-26	12-09	11-26	01-09	12-26	02-08						
07-27	09-09	08-27	10-10	09-27	11-10	10-27	12-10	11-27	01-10	12-27	02-09						
07-28	09-10	08-28	10-11	09-28	11-11	10-28	12-11	11-28	01-11	12-28	02-10						
07-29	09-11	08-29	10-12	09-29	11-12	10-29	12-12	11-29	01-12	12-29	02-11						
07-30	09-12	08-30	10-13	09-30	11-13	10-30	12-13	11-30	01-13	12-30	02-12						
07-31	09-13	08-31	10-14			10-31	12-14			12-31	02-13						

CREATED BY BOB SHORT

### **How to Track and Pay Continuation of Pay (COP):**

COP is payable for a maximum of 45 calendar days, and every day used is counted toward this maximum.

- Time lost on the day or shift of the injury does not count toward COP. Instead, the installation must keep the employee in the pay status for that period using Hours Type Code LU and an injury number equivalent to the month and day (MM/DD) of the injury.
- The first COP day is the first day disability begins following the date of injury as long as that date is within the 45 days following the date of injury. The only exception to this rule is when the injury occurs before the beginning of the workday or shift, in which case the date of injury is charged to COP. The installation must use Hours Code LT and an injury number equivalent to the month and day (MM/DD) of the injury.
- Any part of a day or shift, except on the day of the injury, counts as a full day toward the 45 calendar day total; however, the installation must only record Hours Type Code LT for the portion of the day or shift where the employee was authorized for treatment or disability and code the remainder of the day to work hours, annual, or sick leave as appropriate.
- Regular days off are included if COP has been used on the regular work days immediately preceding or following the regular day(s) off, and medical evidence supports disability.

Leave used during a period when COP is otherwise payable is counted toward the 45 day COP maximum as if the employee had been in a COP status.

### **Instructions and Guidelines to Process and Track Continuation of Pay:**

The Federal Employees' Compensation Act (FECA) provides that the Installation must continue the employee's regular pay during any periods of resulting disability, up to a maximum of 45 calendar days. This is called continuation of pay, or COP. The Installation, not OWCP, pays COP. Unlike wage loss benefits COP is subject to taxes and all other payroll deductions that are made from regular income.

### **Eligibility to Receive COP:**

To be eligible for COP, a person must:

- Have a "traumatic injury" which is job-related and the cause of the disability, and/or the cause of lost time due to the need for medical examination and treatment.
  - File Form CA-1 within 30 days of the date of injury; and
- Begin losing time from work due to the traumatic injury within 45 days of the injury.

### **When Installations are Not Required to Pay COP:**



The Installation must continue regular pay of an eligible employee without a break in time for up to 45 calendar days, except when, and only when:

- The disability was not caused by a traumatic injury;
  - The employee is not a citizen of the United States or Canada;
  - No written claim was filed within 30 days from the date of injury;
  - The injury was not reported until after employment has been terminated;
  - The injury occurred off the employing agency's premises and was otherwise not within the performance of official duties;
  - The injury was caused by the employee's willful misconduct, intent to injure or kill himself or herself or another person, or was proximately caused by intoxication by alcohol or illegal drugs; or
- Work did not stop until more than 45 days following the injury.

### **Withholding COP:**

The Installation must continue to pay for an employee who is eligible for COP, and may not require the employee to use his or her own sick or annual leave, unless one of the following reasons apply:

- Medical evidence, which on its face supports disability due to a work-related injury is not received within 10 calendar days after the claim, is submitted (unless the Installation's own investigation shows disability to exist). Where the medical evidence is later provided; however, COP shall be reinstated retroactive to the date of termination;
  - The medical evidence from the treating physician shows that the employee is not disable from his or her regular position;
  - Medical evidence from the treating physician shows that the employee is not totally disabled, and the employee refuses a written offer of a suitable, alternative, position that is approved by the attending physician. If OWCP later determines that the position was not suitable, OWCP will direct the Installation to grant the employee COP retroactive to the termination date.
  - The employee returns to work with no loss of pay;
  - The employee's period of employment expires or employment is otherwise terminated (as established prior to the date of injury);
  - OWCP directs the Installation to stop COP; and/or
- COP has been paid for 45 calendar days.

### **COP Payments During Disciplinary Action Period:**

An Installation may not interrupt or stop COP to which the employee is otherwise entitled because of a disciplinary action, unless a preliminary notice was issued to the employee before the date of injury and the action becomes final or otherwise takes effect during the COP period.

### **Controverting Periods of COP:**

Where an employee requests COP but does not meet the eligibility requirements, or an Installation stops COP, it must file a controversion with OWCP, setting forth the basis on which it terminated COP, no later than the effective date of the termination. The final determination on entitlement to COP always rest with OWCP.

### **Employees Who Elect Annual or Sick Leave on CA-1**

When an employee elects to use accumulated sick or annual leave, or leave advanced by the agency, instead of electing COP, the employee may change the election between leave and COP for prospective periods at any point while eligibility for COP remains. The employee may also change the election for past periods and request COP in lieu of leave already taken for the same period. In either situation, the following provisions apply:

- The request must be made to the Installation with one year of the date the leave was used or the date of written approval of the claim by OWCP (if written approval is issued); whichever is later.
- Where the employee is otherwise eligible, the Installation must restore leave taken in lieu of any of the 45 COP days. Where any of the 45 COP days remain unused, the agency shall continue pay prospectively.

The use of leave may not be used to delay or extend 45 day COP period or to otherwise affect the time limitation for COP. Therefore, any leave used during the period of eligibility counts toward the 45 day maximum entitlement to COP.

### **Employee's Responsibility to Ensure Eligibility to COP:**

An employee that elects COP must take the following actions to ensure continuing eligibility for COP.

- Complete and submit Form CA-1 to the employing agency as soon as possible, but not later than 30 days from the date of the traumatic injury occurred.
- Ensure that medical evidence supporting disability resulting from the claimed traumatic injury, including a statement as to when the employee can return to his or her date of injury job is provided to the employer within 10 calendar days after filing the claim for COP.
- Ensure that relevant medical evidence is submitted to OWCP, and cooperate with OWCP in developing the claim.
- Ensure that the treating physician specifies work limitations and provides them to the employer and/or representatives of OWCP.

Provide to the treating physician a description of any specific alternative positions offered the employee, and ensure that the treating physician responds promptly to the employer and/or OWCP, with an opinion as to whether and how soon the employee could perform that or any other specific position.

### **Calculating Pay Rates for COP:**

The pay rate for COP purposes is equal to the employee's regular "weekly" pay (the average of the weekly pay over the preceding 52 weeks). The pay rate excludes overtime

pay, but includes other applicable extra pay except to the extent prohibited by law. Changes in pay or salary such as promotion, demotion, within-grade increases, or termination of a temporary detail, which would have otherwise occurred during the 45 day period, are to be reflected in the weekly pay determination.

The weekly pay for COP purposes is determined according to the following formulas:

- For full or part-time workers (permanent or temporary) who work the same number of hours each week of the year (or of the appointment), the weekly pay rate is the hourly pay rate (A) in effect on the date of injury multiplied by (x) the number of hours worked each week (B): **(A x B = Weekly Pay Rate.)**

- For part-time workers (permanent or temporary) who do not work the same number of hours each week, but who do work each week of the year (or period of appointment), the weekly pay rate is an average of the weekly earnings, established by dividing (/) the total earnings (excluding overtime) from the year immediately preceding the injury (A) by the number of weeks (or partial weeks) worked in that year (B): **(A / B = Weekly Pay Rate.)**

For intermittent and seasonal workers, whether permanent or temporary, who do not work either the same number of hours or every week of the year (or period of appointment), the weekly pay rate is the average weekly earnings established by dividing (/) the total earnings during the 12 month period immediately preceding the date of injury (excluding overtime) (A), by the number of weeks (or partial weeks) worked during that year (B) (that is, A/B); or 150 times the average daily wage earned in the employment during the days employed within the full year immediately preceding the date of injury divided by 52 weeks, whichever is greater.

For employees with part-time or intermittent schedules, all calendar days on which medical evidence indicates disability are counted as COP days, regardless of whether the employee was or would have been scheduled to work on those days. The rate at which COP is paid for these employees is calculated according to Sec. 10.216(b).

### **Reasons that OWCP May Not Authorize COP:**

When OWCP finds that an employee or his or her representative refuses or obstructs a medical examination required by OWCP, the right to COP is suspended until the refusal or obstruction ceases. COP already paid or payable for the period of suspension is forfeited. If already paid, the COP may be charged to annual or sick leave or considered an overpayment of pay consistent with 5 U.S.C. 5584.

### **Recouping of COP Paid for Periods not Authorized by OWCP:**

Where OWCP finds that the employee is not entitled to COP after it has been paid, the employee may choose to have the time charged to annual or sick leave, or considered an overpayment of pay under 5 U.S.C. 5584.

The Installation must notify the employee to make an election of annual or sick leave for periods of COP not authorized by OWCP, and then prepare a timekeeping adjustment to convert all Hours Type Code LT for period not authorized to another Hours Type Code.

**Point of Contact for Questions on COP:**

If you have questions or would like to discuss specific circumstances related to COP authorization, timekeeping, and/or tracking, please contact your supporting Department Of Defense (DoD) Liaison for assistance.